

## MOSQUITO EGG IDENTIFICATION

For use of this form, see TB MED 561; the proponent agency is the OTSG

1. INSTALLATION				2. COLLECTOR	
3. DATE PLACED				4. COLLECTION DATE	
5. REMARKS					
6. SITE NO.	7. NO. EGGS	8. STRIP CONDITION	9. NO LARVAE	10. SPECIES IDENTIFIED	
11. IDENTIFIED BY				12. DATE	